| State V | Vall Panort | |
|--|---|---|
| i \ <i>II/</i> | Vell Report Driller's Log | For Office Use Only: |
| Mississippi Departme | nt of Environmental Quality | Aquifer: |
| Permit #: 0 - 180 Office of Land a | and Water Resources | Well #: D-323 |
| 1 Tourities | Box 2307 n, MS 39225 | Well #: |
| | 961- 5210 | L. S. Elevation: |
| (601)96 | 1- 5228 (fax) | E-log #: |
| State Law requires that this report be prepared by the lic | ense holder responsible for t | |
| Department at the above address within 30 days of com | | |
| Information on Well Owner (Landowner if borehole is not for a water well) | 1 | rehole Location |
| Owner Name Matt Coolings | Latitude: 30 ° 41 '289 | " Longitude: 98 99 , 096" |
| | Method of Lat/Long (circle or | ne); Conventional Survey, |
| Mailing Address: 140 Huton (Cd | USGS quad, (Hand-held | GPS, Survey-grade GPS |
| | ME WAW Sen 2T | Twn 45 Rng 5W |
| tuley no 39562 City State Zip Code | | |
| - | Distance Direction 3 Miles 7E | of New wo |
| Telephone No. (228) 588 - 2278 | | 0. |
| Well / Bor | L ehole Data | |
| | | |
| Date drilling started: 3-16-09 Date drilling completed: 3-16-09 Hole depth: 45 Hole diameter: 2 | | |
| Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: 2000 Water 4gal chlow | | |
| Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s): | Density Sonic Neutron | Other: |
| Purpose of borehole (check one): Water Well Geotechnical/Geo | logical Investigation Ground | 1 Source Heat Pump |
| Seismic Survey Other (describ If drilling is not related to water well construction | e) on, skip the remainder of this bl | ock |
| Purpose of Well (check one): HomeIndustrial Public Supply Irrigation Fish Culture Other: | | |
| If a flowing well, method of flow regulation: Valve Other (describe) | | |
| Static Water Level: 2 feet above of below (circle one) land surface Date measured: 3-16-09 | | |
| Method of Measurement (circle one) steel tape electric tape air line other: | | |
| Well death: 45 Well grouted to a death of 10 feet. Type of grout (circle one): Neat Cement Bentonite Mix | | |
| Casing length: 40 feet Casing diameter: 2 inches Type of casing: 5th 40 Plaster | | |
| Screen length: 5 feet Screen diameter: 2 | inches Type of screen: _ | Del 00 |
| Screen slot size: 10inches Setting depth: From | feet to | feet |
| Type of completion (circle all applicable): Gravel packed Und | | n hole Natural Development |
| 1 | | |
| Top of lap pipe or reduction in casing:feet. If | telescoped or more than one scr | een, described |
| | | Form: OLWR-SWR-1A (04/08 APR 1 4 2009 |

BY: OLWR

| The sketch below only required for water wells | | <u>Des</u> |
|--|-----------------|---------------------|
| If well telescopes, show dep Ground Level | oths on sketch. | <u>wei</u> Descr |
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Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--|--|
| | Ground Level | |
| 1 0 | | |
| Ned Sand | 0 | 10 |
| | | |
| white same | 10 | 115 |
| wind some | 10 | 45 |
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If more than one screen, show location of each on sketch

| Sketch the property layout and include the following: 1) the well location; 2 aid in locating the well; 3) any roads, power lines, or other iter 4) a north arrow. | any permanent structures on the property that may ms that may aid in locating the property and the well; |
|--|--|
| BELLE & Thuse Ild | well well |
| Landowner Name: Matt Cochicern | Form: OLWR-SWR-1A (04/0) |

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

laws.

5-780

Print Name of Responsible Licensee and License No.

3-16-09

Signature of Licensee

RECEIVED

APR 1 4 2009

BY: OLWR

| ermit =: 0 - 180 Mississippi I | Part 2 For Office Use Only: nstaller's Completion Report |
|--|--|
| ermit =: 0 - 180 Mississippi I | 1 Ourlies |
| л (1 т | repartment of Environmental Quality of Land and Water Resources Aquifer: |
| riller: Joll Vien Office | P.O. Box 2309 Well =: D-323 |
| rate completed: 3-16-09 | Jackson, MS 39423 |
| ate completed: | (601)961-5210 Elevation: |
| opy information from block on Part 1 | (601)961-5228 (fax) |
| his part of the report must be completed by a licensed v | ater well contractor or a licensed pump installer. A copy of Part 1 of the |
| eport must be attached and both parts juea with the Dej | artment at the above address within 30 days of well completion. Well Location |
| Well Owner Information | Latitude: 30 - 41 - 289 Longitude: 88 - 29 - 096 |
| wner Name: Matt Collism | Latitude: 30 - 41 - 189 Longitude: 80 0 1 010 |
| Tailing Address: 140 Norton Rd | Method of Lat Long (check one): Conventional Survey |
| iailing Address: 140 NASAN 100 | |
| | USGS quad, Hand-held GPS, Survey-grade GPS |
| Nuly ms 395 | 22 NE 1/1 NW 1/2 Sec 21 T 45 R 5W |
| City State Zip Co | le Nagreet Town |
| | |
| elephone No. (<u>278)</u> 588 – 2278 | 3 Miles NE of Hack My |
| ciepnone ivo. | |
| | Power Type |
| Pump Type Circle one | Circle one |
| | Diesel Engine Gasoline Engine Natural Gas |
| Air Lift Jet Submersible | T DTO |
| Bucket Piston Turbine | Electric Motor Hand Tractor PTO |
| | Windmill Other (specify): |
| Centrifugal Rotary Flowing We | 11 |
| Other (specify): | Horse Power Rating of Motor: |
| Date Pump Installed: 3-16-09 | Setting Depth: 30 It li feet |
| | |
| Rated Pump Capacity: Gallons Per | Ainute Number of Stages: |
| | |
| Pump Test Data | Method of Measuring Water Level Circle one |
| Date Well Tested: 3-16-09 | |
| | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A):Feet Below Land | Surface Other (specify): |
| Pumping Water Level (B): 30 Feet Below Land | Other (specify). |
| | fast fast |
| Drawdown [(B) - (A)]:Feet Below Land | |
| Test Pumping Rate: Gallons Per | Minute Well yielded 8 GPM with a drawdown of |
| | |
| Duration of Pump Test (minimum 4 hours): 48 | _hours |
| | |
| \sim | I have a firm i low title dage |
| I HEREBY CERTIFY that the above statements are true | to the best of my knowledge. |
| Print Name of Pump Installer and License No. (if applied | Signature of Pump Installer RECEIVE |

4, 4

BY: OLWIR